

**WEST VIRGINIA
REGULATED CONSUMER LENDER
BRANCH APPLICATION**

Licensee: _____

For each branch, the following information must be provided for the new West Virginia office location:

Branch Manager _____ **Title:** _____

Branch Address _____

City _____ **State** _____ **Zip Code** _____

Branch Phone: _____ **Branch Fax** _____

Manager's Email _____

Date Branch to Begin Operation _____

The licensee hereby certifies that the branch office is operated under the following criteria:

- The West Virginia Regulated Consumer Lender maintains capital in an amount compliant with §46A-4-102(2);
- the branch is an exclusive office of the licensee;
- changes in any of the requested information will be promptly reported to the West Virginia Division of Banking.

By: _____

Name, title & address of Certifying Officer

Telephone Number

Required Fee: \$750 each **Check Number** _____

Return this completed form, along with the required fee made payable to the "West Virginia Division of Banking" to the following address:

**West Virginia Division of Banking
1900 Kanawha Boulevard East
Building #3, Room 311
Charleston, West Virginia 25305**